

<b>PART D, DIVISION I HEALTHCHECK SCREENING SERVICES</b>	<b>SECTION II COVERED SERVICES AND RELATED LIMITATIONS</b>	<b>ISSUED  10/94</b>	<b>PAGE  1D2-001</b>
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**A. PERIODICITY  
SCHEDULE**

As required by federal regulation (42CFR 441.58), the Wisconsin Medical Assistance Program (WMAF) has established a periodicity schedule for screening services. This schedule specifies the time period when services appropriate at each stage of the recipient's life should be done, beginning with a neonatal examination at birth, up to the 21st birthday. The periodicity schedule closely approximates the American Academy of Pediatrics recommendations and is consistent with reasonable standards of medical and dental practice.

**Periodicity Limitations**

The periodicity schedule for determining the screening intervals and age appropriate procedures is detailed in Appendix 5 of this handbook. A recipient is limited, based on their age, to the following number of comprehensive screenings for a consecutive 12-month period:

- Birth to first birthday, 6 screenings
- First birthday to second birthday, 3 screenings
- Second birthday to third birthday, 2 screenings
- Third birthday to twenty-first birthday, 1 screening per year

Claims submitted for comprehensive screening packages performed more frequently than the above limits are denied. A comprehensive screening may only be billed if all age-specific components of a screening are performed. This includes a blood pressure reading and oral assessment for recipients three years of age and older. It also includes a measurement of head circumference for infants until their second birthday.

**B. COMPONENTS  
OF A  
COMPREHENSIVE  
HEALTHCHECK  
SCREENING**

**Required Components for Comprehensive Screens**

As specified in HSS 107.22(2) Wis. Admin. Code, to be recognized as a complete screen according to WMAF definition, the provider must assess and document in the child's medical record all of these components:

1. a comprehensive health and developmental history (including anticipatory guidance);
2. a comprehensive unclothed physical examination;
3. an age-appropriate vision screen;
4. an age-appropriate hearing screen;
5. oral assessment and evaluation services plus direct referral to a dentist for children beginning at three years of age;
6. appropriate immunizations; and
7. appropriate laboratory tests.

The WMAF has developed and makes available free of charge forms that meet the documentation requirements of the program listed in this section. Use of these forms is not mandatory. Many clinics/agencies have developed documentation systems which work well for them and are encouraged to continue to do this. It is required that documentation shows that all areas listed in this section have been assessed, and is located in the individual's medical record.

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**Guidelines for Completing Components**

**1. Health, Nutritional, and Developmental Assessment**

- a. Health History. A review of the recipient's and family's health and treatment history to identify special risk factors or prior conditions/treatments pertinent to future care. To avoid duplication of services, special attention should be given to recent primary or preventive care services (e.g., immunizations, WIC certifications, nutritional assessment, and questions about lead exposure) that would reduce the need for some HealthCheck screening services. Information obtained through the HealthCheck Individual Health History form (see Appendix 7 of this handbook) and the Family History (Appendix 10 of this handbook) or , other similar information is required. If the HealthCheck Family History form is used, fill it out the first time for each recipient and update it at following visits. In addition, a HealthCheck Adolescent Review form is also available for use (see Appendix 9 of this handbook).
- b. Nutritional Assessment  
A review of the individual's eating patterns/habits must be included in order to identify persons who may require a more in-depth dietary assessment and counseling, particularly if other nutrition-related risk factors exist (e.g., iron deficiency anemia, abnormal height/weight). The 24-Hour Food Diaries (Appendix 8a of this handbook) may be used. The Modified Basic Food Groups and Daily Suggestions for Infants (Appendices 8b and 8c of this handbook) are guides to determine the serving equivalencies that each food represents. It also shows the total number of suggested servings for each age group.
- c. Health Education/Anticipatory Guidance. All screening exams must include preventive health education and an explanation of screening findings. This may include discussion of:
  - Proper nutrition, parenting skills, family planning concerns, alcohol and other drug abuse/mental health concerns (see Appendix 16 of this handbook for resource literature).
  - Preventive health and healthy lifestyle actions (e.g., use of infant car seats, poison prevention, injury prevention, hot water temperature settings, avoidance of tobacco products).
  - Normal stages of growth and development.
  - Screening findings and explanation of any problems found and the importance of necessary follow-up care.
- d. Developmental Behavioral Assessment. Observed behavior and attainment of developmental milestones (including emotional status) should be compared to age specific norms to identify developmental delays or subtle indications of hidden problems. This component may include use of a developmental screening tool such as the Denver Developmental checklist for children under 6 years of age. Providers may use the HealthCheck Age-Specific Developmental Screening

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checklists developed by Memee K. Chun, M.D. or other similar age-specific device for assuring that all significant developmental milestones are considered. To obtain the HealthCheck Age-Specific Developmental Screening Checklist, refer to Appendix 16 of this handbook.

Parental concerns and observations regarding the child's development and health should be reviewed to identify possible special conditions warranting more careful examination. When appropriate, confidential review of the recipient's concerns, independent of the parent, may occur, especially with older adolescents (see Appendix 9 of this handbook for the HealthCheck Adolescent Review).

**2. Physical Assessment.**

- a. **Unclothed Physical Exam and Physical Growth Assessment.** This should be a systematic examination of each body system according to accepted medical procedure. Blood pressure readings must be taken for all children beginning at 3 years of age.

**NOTE:** The screener should be alert for any indication of physical or sexual abuse. State law requires that signs of abuse be reported immediately to Child Protection Services of your local County Department of Social Services.

- b. **Growth Assessment.** Comparison of recipient's height, weight and head circumference to age specific norms to identify growth abnormalities. This includes the calculation of the child's length to age percentile, weight to length percentile and head circumference to age percentile. Head circumferences to age percentiles should be determined up to age 2. The National Center for Health Statistics (NCHS) growth grids are recommended for use in identifying unusual body size which may be due to disease or poor nutrition. To obtain copies of the NCHS growth grids, refer to Appendix 16 of this handbook.

- c. **Sexual Development.** The Tanner Sex Maturity Ratings is a useful tool for checking sexual development. To obtain copies of the Tanner Sex Maturity Ratings, refer to Appendix 16 of this handbook. Special attention should be given to recipients who have reached puberty.

At the request of the recipient or parent, the screener must provide counseling on sexual development, birth control, and sexually transmitted disease, as well as appropriate prescriptions and testing, or the screener must refer the recipient to an appropriate resource.

A pelvic examination or referral for the appropriate testing should be offered to all females who have reached puberty.

**3. Examination of Visual Acuity.**

All children should be observed for:

- a. appropriate visual acuity
- b. strabismus
- c. abnormal disc reflex (under age 1 year)
- d. response to cover test
- e. amblyopia
- f. color blindness

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Use of vision charts must be attempted to measure visual acuity beginning at age 4 years.

**4. Screening for Hearing Loss**

- a. All hearing screenings in infancy and early childhood should include an otoscopic exam and/or tympanometric measurements for the detection of chronic or recurrent otitis media.
- b. Screen at birth through age 2 using both methods outlined in Appendix 14 and 14a of this handbook. Children failing either screening method should be referred for audiological assessment. Refer to Appendix 16 of this handbook to order copies of "Your Child's Speech and Hearing."
- c. Administer puretone audiometric screening as follows: annually to all children 3-8 and at four-year intervals thereafter up to age 16; and to any children older than age 8 with excessive exposure to noise, delayed speech and language development or who are receiving HealthCheck screening for the first time. (See Appendix 14a of this handbook.)

5. Examination of Oral Health. This exam must be sufficient to identify children in need of early examination by a dental professional. The examination should include questioning the parents of children under age 3 years regarding the presence of problematic thumb sucking, lip biting, caries, tongue thrusting, non-erupted teeth, extra teeth, extended use of pacifier or bottle feeding practices conducive to early dental caries or malfunction of oral cavity. All children aged three or older (and younger where medically indicated) must be referred to a dentist if they are not already receiving such care. Medically necessary services which are not otherwise covered by the WMAP may be covered under HealthCheck "Other Services" (e.g., pit and fissure sealants). Refer to Section III-B of this handbook for information on HealthCheck "Other Services".

The following dental services are only covered by the WMAP when provided to recipients under age 21 and must be in conjunction with a HealthCheck referral:

- a. Orthodontics (Once started, orthodontic services will be reimbursed to completion regardless of the recipient's eligibility. Prior authorization is required);
- b. Pit and fissure sealants. (Prior authorization is not required);
- c. One additional cleaning per year with prior authorization for children ages 13 through 20. Regular WMAP coverage is one cleaning per year for recipients between the ages of 13 and 20.

(Refer to Appendix 6 for more detail on effective oral assessment.)

6. Immunization. Federal regulations require that immunizations be given according to the recommendations of the Advisory Committee on Immunization Practice (ACIP) or the American Academy of Pediatrics (AAP) unless medically contraindicated. These recommendations can be found in Appendix 21 of this handbook. Additional information about immunizations can be found in Section II "Vaccines for Children" of this handbook.

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7. Laboratory Tests. Blood lead test. As a result of a recent federal court settlement, all children ages 6 months to 72 months are considered at risk and must be screened for lead poisoning. Health Care Financing Administration (HCFA) now requires the use of the blood lead test when screening children for lead poisoning. The erythrocyte protoporphyrin test is no longer acceptable as a screening test for lead poisoning. The screening blood lead test may be done by fingerstick or venous blood sample:

- a. Risk Assessment. All children from 6 to 72 months of age are considered at risk and must be screened. Beginning at six months of age and at each visit thereafter, the provider must discuss with the child's parent or guardian childhood lead poisoning interventions and assess the child's risk for exposure. (See appendices 13A and 13B of this handbook for a sample questionnaire.) Use of this questionnaire is optional.
- b. Determining Risk. -- Risk is determined from the responses to the questions in the verbal risk assessment. Results must be documented.

If the answers to all questions are negative, a child is considered low risk for high doses of lead exposure, but must receive blood lead screening by blood lead test at 12 months of age and 24 months of age.

If the answer to any question is positive, a child is considered high risk for high doses of lead exposure. A blood lead test must be obtained at the time a child is determined to be high risk.

Subsequent verbal risk assessments can change a child's risk category. If as the result of a verbal risk assessment a previously low risk child is recategorized as high risk, that child must be given a blood lead test.

- c. Screening Blood Tests. -- The term screening blood tests refers to blood tests for children who have not previously been tested for lead with a blood lead test or who have been previously tested and found not to have an elevated blood lead level. If a child is determined by the verbal risk assessment to be at:

1. Low Risk. -- A screening blood lead test is required at 12 months of age and a second blood lead test at 24 months of age.

2. High Risk. -- A blood lead test is required when a child is identified as being high risk, beginning at six months of age. If the initial blood lead test results are less than 10 micrograms per deciliter (ug/dL), a screening blood lead test is required at every visit prescribed in the HealthCheck periodicity schedule through 72 months of age, unless the child has already received a blood lead test within the last six months of the periodic visit.

**C. OTHER BILLABLE  
HEALTHCHECK  
SERVICES**

The following procedures should be performed when age, sex, race or other clinical indicators warrant further testing in addition to a comprehensive screening. Refer to Appendix 1 of this handbook for a list of allowable HealthCheck procedure codes, and to the HealthCheck Periodicity Table in Appendix 5 of this handbook for age appropriate test frequencies and further guidelines.

1. Performance of either Hematocrit or Hemoglobin test to screen for iron deficiency, anemia or other abnormalities. Either hematocrit or hemoglobin may be performed in a given screening. Reimbursement is limited to only one of these test procedures.
2. Urinalysis.

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**C. OTHER BILLABLE  
HEALTHCHECK  
SERVICES**  
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3. Observation for pinworm.
4. Stool specimen for ova, parasites, and blood.
5. Urine culture.
6. Drug dependency screening.
7. Tuberculin Test. An annual intradermal (Mantoux) skin test using Purified Protein Derivative (PPD) is recommended for people of high risk populations, especially Southeast Asian immigrants. Additional testing may be done at the clinician's discretion.
8. Environmental Inspection (EI) for Lead Poisoning. EI may be covered with prior authorization. EI is a covered WMAP service when the child is shown to have lead poisoning, i.e., child has a venous blood lead level > 19 µg/dL or two consecutive blood lead levels of 15-19 µg/dL done three months apart. The inspection must be of the child's home. The person doing the inspection must have received DHSS approved lead inspection training to be certified to provide this service. All three of these criteria must be met in order to receive prior authorization approval for this service.

An agency must have certified staff to do EI. In order to be reimbursed by the WMAP, staff performing the inspection must have received Department of Health and Social Services approved lead inspection training and the agency must be a HealthCheck screening agency (provider type 66). Currently, many local public health agencies meet these criteria.

EI of the child's home involves not only the identification of potential sources of high-dose exposure to lead, but also advising parents about identified and potential sources of lead and ways to reduce exposure. Once home owners are notified of the problem and have an opportunity to remedy the situation, a second EI should be conducted to assure that the problem is resolved. Additional information about aspects of the environmental assessment can be obtained from the CDC Guidelines on Lead Exposure ("Preventing Lead Poisoning in Young Children") and the prior authorization form in Appendix 22 of this handbook.

Technical aspects of inspection include:

- determining the most likely sources of high-dose exposure to lead;
- investigating the child's home, giving special attention to painted surfaces, dust, soil, and water;
- advising parents about identified and potential sources of lead and ways to reduce exposure;
- notifying the property owner immediately that a child residing on the property has lead poisoning, emphasizing the importance of prompt abatement;
- monitoring the effectiveness and timeliness of abatement procedures closely; and
- coordinating environmental activities with those of other public health and social management agencies.

Prior authorization for this service is obtained by sending a completed Prior Authorization Request Form (PA/RF) and a completed Prior Authorization for Environmental Inspection Form (PA/EI) to EDS. The PA/RF may be obtained from EDS. The PA/EI is in Appendix 22 of this handbook. EI is covered on a fee-for-service basis for all WMAP recipients, including recipients in WMAP-contracted managed care programs.

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**C. OTHER BILLABLE  
HEALTHCHECK  
SERVICES**  
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Beginning March 1, 1995, you may obtain prior authorization for environmental lead inspections, electronically through the STAT PA system. Refer to Appendix 23 of this handbook for instructions on use of this electronic system.

Each prior authorization for lead inspection of a child's home to determine the source of lead poisoning will allow one initial inspection (W7083) and one follow-up inspection (W7084). Additionally, one visit by a nurse for education related to lead poisoning may be needed and should be billed with procedure code W7017.

9. Sickie Dex.
10. Pap Smear/Pelvic Exam. (**NOTE:** These procedures may only be performed by or under the direct supervision of a physician, physician's assistant or nurse practitioner.)
11. Human Immunodeficiency Virus (HIV).
12. Individual screening components should be billed when less than a complete comprehensive screen is done.
13. Providers who receive vaccines through the VFC must bill for immunizations using the specific CPT codes listed in Appendix 1 of this handbook. Reimbursement is for the administration only, since providers receive the vaccine free through the VFC.

**D. INTERPERIODIC  
VISIT**

Interperiodic visits may be scheduled between regularly scheduled comprehensive screens. These medically necessary visits are to follow up on issues noted during a comprehensive screen. Examples include follow-up after finding low hemoglobin, nutrition concerns or elevated blood lead level.

In addition, interperiodic visits may be appropriate and can be requested by any individual inside or outside the formal health care system who feels there may be a physical, mental or psychosocial issue which requires additional evaluation. The scheduling of interperiodic visits shall be based on medical necessity.

Interperiodic visits are not to be billed if a child is seen for one or more components of a comprehensive screen, such as a hearing test and vision screen. In that case, the individual components performed should be billed.

In two situations you may bill for an interperiodic visit when a comprehensive screen has not previously been done. These are:

- ⋮ when prior authorization has been granted for environmental lead inspection and an interperiodic visit for education related to lead poisoning (W7017) is billed; or
- ⋮ when a child comes in for immunizations (W7013).

**E. LABORATORY  
HANDLING FEE**

A preparation or handling fee is allowed and may be reimbursed when billed by a HealthCheck provider for laboratory specimens sent to an outside lab. This occurs most frequently when a blood lead is drawn. If the sample is sent to an outside lab for analysis, the lab handling fee procedure code, not the blood lead procedure code, should be billed. Refer to Section IV of this handbook for billing procedures and limitations for lab handling fees, and to Appendix 1 of this handbook for allowable laboratory procedure codes.

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**F. HEALTHCHECK  
"OTHER  
SERVICES"**

**Introduction**

Under HealthCheck, the WMAP will reimburse providers for other health, diagnostic and treatment services, which are medically necessary to correct or ameliorate defects and physical or mental illnesses and conditions discovered by the HealthCheck screening services. Services must be included under Title XIX of the Social Security Act, but may include services not otherwise covered by the WMAP.

HealthCheck "Other Services" always require a HealthCheck referral. In addition, HealthCheck "Other Services" always require prior authorization, except for dental sealants on first and second permanent molars. As with all Medical Assistance services, the WMAP has the authority to review the medical necessity of all requests, establish criteria for the provision of such services, and determine the amount, duration, and scope of services so long as the limitations are reasonable and maintain the preventive thrust of HealthCheck. Refer to Section III-B of this handbook for information on obtaining prior authorization for HealthCheck "Other Services".

**Services Covered Under HealthCheck "Other Services"**

The federal intent of coverage of HealthCheck Other Services is to expand Medical Assistance services provided to children. Wisconsin's Medical Assistance coverage is comprehensive, and includes most of the services allowed by Title XIX of the Social Security Act.

While it is not possible to identify all the services that may be requested under the "Other Services" benefit, the following list includes a sampling of services that may be requested under this benefit:

1. Child and adolescent mental health day treatment for recipients identified as severely emotionally disturbed;
2. Intensive in-home psychotherapy for children and adolescents identified as severely emotionally disturbed;
3. Medically necessary noncovered over-the-counter medications; and
4. Noncovered dental services.

**NOTE:** Services that are not proven to be safe and effective are not covered.

**G. HEALTHCHECK  
REFERRALS**

If the provider is unable to provide all the essential components of a comprehensive HealthCheck screen, the recipient must be referred to another certified HealthCheck provider for the remaining components of the screen.

The recipient must be referred for any needed follow-up care that cannot be provided at the time of screening, including mandatory referral for an annual dental examination if the recipient is not regularly receiving dental care. The recipient must be given a completed referral form when a referral is made. (Refer to Appendix 11 of this handbook for a sample HealthCheck Referral Form.) The referral form serves as the recipient's documentation of a HealthCheck referral for care and should be taken by the recipient to the referral appointment. Any necessary prior authorization forms must be completed by the provider of services, not the referring agency, although you may need to supply clinical information to the provider. For example, if iron supplements are required, the pharmacy will need the diagnosis, current hematocrit or hemoglobin, and planned length of treatment. Additional HealthCheck Referral forms can be obtained by submitting a written request to:

EDS  
Attn: Claim Reorder  
6406 Bridge Road  
Madison, WI 53784-0003



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**G. HEALTHCHECK  
REFERRALS**  
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When a referral to the WIC Supplemental Nutrition Program is made for pregnant women under age 21 and children under age 5, complete a WIC Referral Form (see Appendices 12a and 12b of this handbook). The WIC Referral Form should be given to the recipient for presentation to the WIC clinic.

For information on how to obtain the WIC or HealthCheck Referral forms, refer to Appendix 16 of this handbook.

Referrals should be considered for additional services (even if not covered by Medical Assistance), such as parent respite centers, child rearing classes, family planning services, AODA programs, adolescent health/sexuality education resources, Head Start programs, specialty treatment providers, high risk prenatal care, early intervention services, mental health programs, or developmental disabilities services. (Refer to Appendix 2a of this handbook for a listing of all appropriate referral/modifier codes). The referral process should make the recipient aware of the array of services available. It is also intended for discussing means of overcoming barriers to recipient follow-through.

To the extent possible, the screener should help the recipient resolve obstacles to accessing HealthCheck follow-up services (e.g., contact the case management agency or the county Department of Social Services for assistance in finding interpreter services or with transportation).

**H. CHOOSING THE  
APPROPRIATE  
COMPONENTS  
FOR A  
PARTICULAR  
RECIPIENT**

Not every exam component is needed for every recipient. Age, sex, race, sexual maturity, previous health problems and recent treatment will influence the recipient's risk status and the need for testing. For example, a recipient who comes for a screening, but has recently been certified to receive WIC, may not need a hematocrit test for anemia. Similarly, a hearing test is unnecessary for a recipient previously referred to an audiologist via a school screening exam. Providers should reference Sections II-B through II-D of this handbook for a complete description of the components of the HealthCheck screening. The HealthCheck Individual Health History, and the updating of this information at each visit, is designed to support the determination of necessary testing and must be a part of every HealthCheck exam.

To choose which examination components are appropriate for a given recipient and to suggest the optimal timing for periodic exams, refer to the Periodicity Table, which indicates recommended exam components for specific recipient ages (Appendix 5 of this handbook).

If some, but not all, components of a comprehensive screen are appropriate, only bill for those components performed. **Refer to Appendices 1a and 1b of this handbook for a list of billable screening components.**

**I. ADOLESCENT  
HEALTH  
SCREENING  
COMPONENTS**

Adolescent health visits should involve seeing the adolescent alone as well as with the parents. The adolescent should be assured of the confidentiality of the interview.

The Adolescent Review Form (see Appendix 9 of this handbook) will aid in conducting the adolescent screening, including information about sexuality, conception, contraception, and sexually transmitted diseases.

**J. RESULTS OF THE  
SUCCESSFUL  
SCREENING**

Following performance of the screening, test results must be explained to educate the recipient or parent about preventive measures that can be taken. Discuss the need for referred follow-up care (e.g., dentist) and schedule the next periodic examination **when possible.**

**K. DIAGNOSIS AND  
TREATMENT**

All appointments for any further diagnosis or treatment, as a result of the screening, must be scheduled **within 60 days** of the date of the HealthCheck screening. All WMAP services on a HealthCheck referral should be provided within six months of the screening date.

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## **L. VACCINES FOR CHILDREN PROGRAM**

In August 1993, Congress passed the Omnibus Budget Reconciliation Act creating the vaccines for Children (VFC) Program. This federal VFC program is intended to help raise childhood immunization levels in the United States. The VFC supplies free vaccine to private and public health care providers who administer vaccines to eligible children. Eligible children under the VFC program include, among other groups, all WMAP-eligible children.

The Department of Health & Social Services, Bureau of Public Health, ships the vaccines. Vaccines are shipped to the address included on the provider profile form which is to be completed by one provider or clinic manager for the entire practice. Vaccines are shipped on a request basis to providers from the state distribution center. Appendix 20 of this handbook contains a copy of the order form that must be used.

Providers must enroll to receive vaccines through the VFC program. All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are provided for eligible children. Appendix 21 of this handbook contains a list of ACIP recommendations for immunizations.

### **Participation in the Vaccines for Children Program**

#### Enrollment

- Complete the two Center for Disease Control forms (one set of forms per shipping site, not per provider):
  1. The "Provider Enrollment" form indicates agreement with the components of the VFC program. This form is completed only once and must be signed by a physician.
  2. The "Provider Profile" form estimates the number of children vaccinated in your practice annually and the proportion likely to qualify for VFC. This profile is used to establish maximum order levels per shipping site. The form is updated annually and can be updated more frequently if your needs change.
- Send the enrollment and profile forms to the State Immunization Program.

#### Ordering and Shipping

- Order forms #DOH 1099 should be sent to the Wisconsin Immunization program. Forms may be obtained from:

Wisconsin Immunization Program  
1 W. Wilson Street  
Post Office Box 309  
Madison, WI 53701

- Vaccines must be ordered. There will be no automatic shipments.
- VVP vaccine may be used for the VFC program.
- Reorder vaccine when your VFC inventory is down to a one-month supply.
- Vaccines will be provided to you within two weeks.

#### Accounting and Storage

- No state report of vaccine usage is required.
- VFC vaccines must be kept with other vaccines. Use the oldest unexpired vaccine first.
- Establish an in-clinic tracking system to determine when to reorder VFC vaccine.

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CHILDREN  
PROGRAM**  
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Documentation Requirements

- Screen parent or guardian for eligibility. The response does not have to be verified.
- Maintain a record of screening on eligible children receiving VFC vaccines.

Billing for Services

The procedure for billing vaccinations to the WMAP will not change. All HealthCheck providers must bill the appropriate CPT code for immunizations given.

- Bill the appropriate CPT code(s) for the vaccine(s) given. This coding will reimburse the administration fee; and
- Bill the appropriate **comprehensive screen**, office visit or interperiodic screen charge to reflect the level of medical service provided at the time of the vaccination. A brief visit should be billed if the child is in for the immunization only.

**M. NONCOVERED  
HEALTHCHECK  
SERVICES**

Noncovered HealthCheck services include any service not specifically cited in Section II-B through ~~II-F~~ of this handbook as a covered component of a HealthCheck screening examination. The following services are not covered by the WMAP.

1. Comprehensive screenings in excess of periodicity limitations.
2. Pap smears and pelvic exams not performed by or under the direct supervision of a physician, physician assistant, or nurse.
3. HealthCheck screening components provided to an HMO enrollee by a non-HMO affiliated provider.
4. Any service provided to a recipient who is not eligible for Medical Assistance on the date of service.